



CAMP GEORGE SCHOLARSHIP APPLICATION

Information submitted may be shared confidentially with Camp George administration for the purposes of scholarship awards only.

Parent/Guardian # 1: MAIN CONTACT FOR SCHOLARSHIP PURPOSES:

Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Best Way to Contact this Person: _____ (cell, e-mail, etc.)

Number of People in Household: _____ Number of Dependent Children: _____

Number of Children in Household Attending Camp: _____

Parent/Guardian #2: Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Best Way to Contact this Person: _____ (cell, e-mail, etc.)

Number of People in Household: _____ Number of Dependent Children: _____

NARRATIVE INFORMATION Please describe any other extraordinary circumstances relevant to your family's capacity to pay for camp:

____ Single Parent Household ____ Uninsured Medical Expenses ____ Recent Job Loss ____ Other

Yearly Income: _____ Monthly Expenses: _____

Include a copy of the first two pages of your most recently filed federal income tax return along with this completed form and submit via email to jonah@socaltaa.org.